



Rep. Elizabeth Coulson

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LRB096 11657 RPM 24336 a

1 AMENDMENT TO HOUSE BILL 3767

2 AMENDMENT NO. _____. Amend House Bill 3767 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Obesity Prevention Initiative Act.

6 Section 5. Legislative findings. The General Assembly
7 makes all of the following findings:

8 (1) Nearly 25% of Illinois adults are obese and 37% are
9 overweight, 62% of Illinois adults in total.

10 (2) The percentage of normal-weight Illinois adults
11 has steadily decreased as the percentage who are overweight
12 or obese has steadily increased.

13 (3) More than 31% of Illinois children ages 10 through
14 17 years are considered overweight or obese.

15 (4) A majority (56%) of publicly insured children are
16 overweight or obese (the highest state prevalence in the

1 nation) and nearly 2 in 5 (39%) black, non-Hispanic
2 children are overweight or obese (the third highest state
3 prevalence).

4 (5) Today's overweight and obese children are likely to
5 become tomorrow's overweight and health-impaired adults,
6 at risk for premature death.

7 (6) Being overweight and obese puts people at increased
8 risk for coronary heart disease, type 2 diabetes, certain
9 cancers, hypertension, dyslipidemia (high cholesterol or
10 triglycerides or both), stroke, liver and gallbladder
11 disease, sleep apnea and respiratory problems,
12 osteoarthritis, and gynecological problems.

13 (7) Overweight and obesity-related diseases cause
14 premature death.

15 (8) The economic costs associated with treating these
16 diseases is substantial and increasing, accounting for
17 more than 9% of total health care costs, approximately half
18 of which are born by public resources via Medicare and
19 Medicaid and the majority of the remainder born by
20 employers.

21 (9) Obese people suffer more injuries and disabilities
22 and have more non-productive work days in total, creating
23 loss of earnings for Illinois employees and loss of
24 productivity for Illinois employers.

25 (10) Research has shown that 27% of health care charges
26 for adults over age 40 are associated with people being

1 physically inactive, overweight, or obese.

2 (11) From 1987 to 2001, obesity-related spending
3 accounted for an estimated 27% of the increase in
4 inflation-adjusted per capita health spending.

5 (12) Research has shown that each additional day of
6 physical activity per week can reduce medical charges by
7 4.7%.

8 (13) The non-economic costs of being overweight or
9 obese that is experienced by Illinois citizens are
10 immeasurable in terms of pain, mobility, self-esteem, bias
11 and stigma, the grief associated with the premature death
12 of loved ones, and other quality of life issues.

13 (14) Food and exercise habits are strongly linked to
14 the food and exercise habits of the communities in which
15 the individuals live, work, attend school, and socialize.

16 (15) Individual and community food and exercise habits
17 are strongly linked to environmental factors, such as
18 access to healthy food and safe opportunities for physical
19 activity.

20 (16) Public health interventions focusing on healthy
21 eating, physical activity, and environmental change to
22 facilitate these behaviors have been shown to be successful
23 in reducing obesity and promoting healthy weight and
24 physical activity among children and adults.

25 (17) Obesity is a significant contributing factor to
26 many chronic diseases faced by Illinois residents and that

1 obesity and its effects on human health are best addressed
2 in a holistic manner, including policy change,
3 environmental change, and community public health and
4 wellness efforts.

5 (18) The General Assembly has recognized the
6 importance of studying obesity and passed the Obesity Study
7 and Prevention Fund Act in 2004. The Illinois State Health
8 Improvement Plan (SHIP) identified obesity and physical
9 activity as strategic priority health conditions that
10 demand action, including without limitation the following:

11 (A) Increased efforts to educate the public on the
12 health risks associated with obesity and poor
13 nutrition, and resources to help individuals to adopt
14 healthy lifestyles.

15 (B) Promoting changes in State and local policies
16 designed to support healthy eating and physical
17 activity.

18 Section 10. Obesity Prevention Initiative. Within 60 days
19 after the effective date of this Act, the Department of Public
20 Health shall organize at least 6 hearings on the health effects
21 of obesity, the costs of obesity to the health care system and
22 society, and the need to address the obesity epidemic with
23 community, policy, and individual health behavior change. The
24 Department shall work with public, private, and voluntary
25 stakeholders to plan and publicize the hearings. The hearing

1 officers shall include the Chair of the State Board of Health
2 or her designee; up to 7 additional members of the State Board
3 of Health; 2 members of the Illinois House of Representatives,
4 one of whom shall be named by the Speaker of the House and one
5 of whom shall be named by the Minority Leader of the House; and
6 2 members of the Illinois Senate, one of whom shall be named by
7 the President of the Senate and one of whom shall be named by
8 the Minority Leader of the Senate.

9 No later than February 1, 2010, the hearing officers shall
10 provide a report on the hearings to the members of the Illinois
11 General Assembly, State Board of Health, and, pursuant to
12 Public Act 93-0975, members of the State Health Improvement
13 Planning Team to inform and support action on implementing the
14 2009 State Health Improvement Plan. Pursuant to Public Act
15 95-0900, the Chronic Disease Task Force shall also use the
16 report to inform the Plan that is due July 1, 2010 to the
17 General Assembly. The Department shall provide logistical and
18 support staff for hearings.

19 Within 60 days after the completion of the report on the
20 hearings, but no later than April 1, 2010, and subject to
21 appropriation for that purpose, the Department of Public Health
22 shall grant funds to one or more non-profit organizations or
23 local public health departments to conduct a statewide
24 education campaign focusing on the health effects of obesity,
25 the costs of obesity to the health care system and society, and
26 the need to address the obesity epidemic with community,

1 policy, and individual health behavior change.

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.".